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Bib Data Sheet

CONFIRMATION NO. 7992

SERIAL NUMBER 10/706,622	FILING DATE 11/12/2003  RULE	CLASS 257	GROUP ART UNIT 2818	ATTORNEY DOCKET NO. 020628
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APPLICANTS

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\*\* CONTINUING DATA \*\*\*\*\*

This appln claims benefit of 60/427,164 11/18/2002 *ah*

\*\* FOREIGN APPLICATIONS \*\*\*\*\*

*None ah*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\* SMALL ENTITY \*\*

\*\* 02/09/2004

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY PA	SHEETS DRAWING 11	TOTAL CLAIMS 33	INDEPENDENT CLAIMS 5
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged <i>[Signature]</i> Examiner's Signature Initials				

ADDRESS

26285  
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TITLE

Magnetic memory element and memory device including same

FILING FEE RECEIVED 588	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue )
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